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| POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT | | I. IDENTIFICATION 01 STATE 02 SITE NUMBER IND 980904221 | |
| II. SITE NAME AND LOCATION | | | |
| 01 SITE NAME (Legal, common, or descriptive name of site) Linden Road Site | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Linden Rd & Chippewa | |
| 03 CITY South Bend | 04 STATE IN | 05 ZIP CODE 46614 | 06 COUNTY St. Joseph |
| 09 COORDINATES LATITUDE 41° 38' 20.5"N | | 08 COUNTY CODE 141 | |
| LONGITUDE 086° 16' 30.5"W | | 08 CONG DIST 003 | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) Take US 31 North to South Bend. Take the 31 Bypass and exit north (right) on Linden Street. Go to 2nd intersection (Inwood/Chippewa Rd.) Site is on left of intersection of Linden and Inwood/Chippewa. | | | |
| III. RESPONSIBLE PARTIES | | | |
| 01 OWNER (if known) Several (see attached) | | 02 STREET (Business, mailing, residential) | |
| 03 CITY | 04 STATE | 05 ZIP CODE | 06 TELEPHONE NUMBER |
| | | | () |
| 07 OPERATOR (if known and different from owner) Bendix Corporation | | 08 STREET (Business, mailing, residential) 401 Bendix Drive | |
| 09 CITY South Bend | 10 STATE IN | 11 ZIP CODE 46620 | 12 TELEPHONE NUMBER (219) 237-5993 |
| 13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN | | | |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 3, 28, 84 MONTH DAY YEAR <input type="checkbox"/> C. NONE | | | |
| IV. CHARACTERIZATION OF POTENTIAL HAZARD | | | |
| 01 ON SITE INSPECTION <input type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO | | BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) | |
| 02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | 03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN | |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Organics (toxic, persistent) Bases (corrosive, reactive) Inorganics (toxic, persistent) Heavy metals (persistent, toxic) Solvents (toxic, flammable, ignitable) Asbestos (toxic) Acids (corrosive, reactive) | | | |
| 05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Surface waters (population, environment) Groundwater (population, environment) Direct contact (population, environment) | | | |
| V. PRIORITY ASSESSMENT | | | |
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input checked="" type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form) | | | |
| VI. INFORMATION AVAILABLE FROM | | | |
| 01 CONTACT Harry Atkinson | | 02 OF (Agency/Organization) Indiana State Board of Health | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT Susanne Buthman | | 05 AGENCY ISBH | 06 ORGANIZATION LPC |
| | | 07 TELEPHONE NUMBER (317) 243-5034 | 08 DATE 6, 21, 85 MONTH DAY YEAR |



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 980904221

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

| | | |
|--|---|--|
| 01 PHYSICAL STATES (Check all that apply) | 02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent) | 03 WASTE CHARACTERISTICS (Check all that apply) |
| <input checked="" type="checkbox"/> A. SOLID <input checked="" type="checkbox"/> B. POWDER, FINES <input checked="" type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ (Specify) | <input checked="" type="checkbox"/> E. SLURRY <input checked="" type="checkbox"/> F. LIQUID <input type="checkbox"/> G. GAS TONS <u>unk</u> CUBIC YARDS <u>unk</u> NO. OF DRUMS <u>unk</u> | <input checked="" type="checkbox"/> A. TOXIC <input checked="" type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input checked="" type="checkbox"/> D. PERSISTENT <input checked="" type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input checked="" type="checkbox"/> G. FLAMMABLE <input checked="" type="checkbox"/> H. IGNITABLE <input checked="" type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input checked="" type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE |

III. WASTE TYPE

| CATEGORY | SUBSTANCE NAME | 01 GROSS AMOUNT | 02 UNIT OF MEASURE | 03 COMMENTS |
|----------|-------------------------|-----------------|--------------------|--------------------------------------|
| SLU | SLUDGE | unk | unk | Wastestreams from Bendix Corporation |
| OLW | OILY WASTE | unk | unk | show many chemicals, especially |
| SOL | SOLVENTS | unk | unk | heavy metals, in the wastes disposed |
| PSD | PESTICIDES | | | of (see attached sheet). Amounts |
| OCC | OTHER ORGANIC CHEMICALS | unk | unk | are unknown as is the physical state |
| IOC | INORGANIC CHEMICALS | unk | unk | of wastes at the time of disposal. |
| ACD | ACIDS | unk | unk | Major components are listed below. |
| BAS | BASES | unk | unk | |
| MES | HEAVY METALS | unk | unk | |

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

| 01 CATEGORY | 02 SUBSTANCE NAME | 03 CAS NUMBER | 04 STORAGE/DISPOSAL METHOD | 05 CONCENTRATION | 06 MEASURE OF CONCENTRATION |
|-------------|-------------------------------------|---------------|----------------------------|------------------|-----------------------------|
| MES | Chromium (+6) | 7440-47-3 | | | |
| MES | Cadmium | 7440-43-9 | | | |
| IOC | Asbestos | 1332-21-4 | | | |
| ACD | Sulfuric acid | 7664-93-9 | | | |
| OCC | Napthalene | 91-20-3 | | | |
| SOL | Methyl Isobutyl Ketone | 108-10-1 | | | |
| SOL | Ethanol | 999 | | | |
| SOL | 4,4-Methylene bis (2-Chloroaniline) | 101-14-4 | | | |
| MES | Lead | 7439-92-1 | | | |
| MES | Selenium | 7782-49-2 | | | |
| MES | Zinc | 7440-66-6 | | | |
| IOC | Barium Chloride | 10361-37-2 | | | |
| MES | Nickel | 7440-02-0 | | | |
| OCC | Phenols | 999 | | | |
| MES | Barium | 999 | | | |
| MES | Arsenic | 7440-38-2 | | | |

V. FEEDSTOCKS (See Appendix for CAS Numbers)

| CATEGORY | 01 FEEDSTOCK NAME | 02 CAS NUMBER | CATEGORY | 01 FEEDSTOCK NAME | 02 CAS NUMBER |
|----------|-------------------|---------------|----------|-------------------|---------------|
| FDS | | | FDS | | |
| FDS | | | FDS | | |
| FDS | | | FDS | | |
| FDS | | | FDS | | |

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

ISBH files - Bendix Corporaion: RCRA, ERRIS
Mr. Gerald Budzin - Bendix Corporation.
DNR Groundwater Group.



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT**
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

| | |
|-----------------|-----------------------------|
| 01 STATE IND | 02 SITE NUMBER 980904221 |
|-----------------|-----------------------------|

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >10,000 04 NARRATIVE DESCRIPTION
Area is glaciofluvial sedimentation of sands and gravels. Very permeable conditions with a high water table. 1 city wellfield and 1 village wellfield within a 3-mile radius.

01 ☒ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >10,000 04 NARRATIVE DESCRIPTION
A portion of the St. Joseph River runs within the 3-mile radius, but surface water contamination potential is low.

01 ☒ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >10,000 04 NARRATIVE DESCRIPTION
Potential for buried asbestos to surface and become airborne.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
Unknown

01 ☒ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >10,000 04 NARRATIVE DESCRIPTION
Site is not fenced so potential for direct contact is high.

01 ☒ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: 112 04 NARRATIVE DESCRIPTION
(Acres)
Site was unauthorized open dump used by local industries and citizens.

01 ☒ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >10,000 04 NARRATIVE DESCRIPTION
See A above. Possible chemical migration through the aquifer could reach city well-fields due to major groundwater flow towards the northeast.

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
Unknown

01 ☒ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >10,000 04 NARRATIVE DESCRIPTION
See A and E above. Potential is high due to nature of the site.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 980904221

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Possible damage to flora due to wastestreams containing heavy metals.

01 ☒ K. DAMAGE TO FAUNA

04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Potential for local wildlife to be contaminated due to open nature of the site.

01 ☒ L. CONTAMINATION OF FOOD CHAIN

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Heavy metals will bioaccumulate up the food chain.

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES

(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: >10,000

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Since the site was unofficial, there was possibly no regulation of waste types, clay liner or closure of the site.

01 ☒ N. DAMAGE TO OFFSITE PROPERTY

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Potential for migration of chemicals by surface or groundwater.

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Area is on the city sewer system. Possible contamination of sewers.

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING

04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

This was an unauthorized dump site.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: >10,000

IV. COMMENTS

Bendix Corp. notified on the site but were probably not the only contributors to it. Other local industries may have utilized the site for waste disposal.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

ISBH files - Bendix Corporation RCRA, CERCLA, ERRIS.